Exercise 5 – Washington Intake and Interview Sheet, page 1 of 4

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen?
MAURICE	A	WASHINGTON	☒ Yes ☐ No
2. Spouse's First Name	M. I.	Last Name	Is spouse a U.S. Citizen? ☐ Yes ☐ No

3. Mailing Address	Apt#	City	State	Zip Code
516 Fremont Rd.		Your City	YS	Your ZIP Code

4. Contact Information
Phone: 813-555-XXXX Cell Phone: E-mail:

5. Your Date of Birth	6. Your Job Title	Are you: 7. Legally Blind ☐ Yes ☒ No
04/20/1970	Computer Technician	8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth	10. Spouse's Job Title	Is Spouse: 11. Legally Blind ☐ Yes ☐ No 12. Totally and Permanently Disabled ☐ Yes ☐ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☒ Single
   - ☐ Married: Did you live with your spouse during any part of the last six months of 2011? ☐ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ____________
   - ☐ Widowed: Year of spouse's death: ________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

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Exercise 5 – Washington Intake and Interview Sheet, page 2 of 4

Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☐	☒	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☐	☒	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☒ Other
☒	☐	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☐	☒	☐	5. Medical expenses (including health insurance premiums)?
☐	☒	☐	6. Home mortgage interest? (Form 1098)
☐	☒	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ___________
☐	☒	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? _______
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☒ You ☐ Spouse

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Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? NONE

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?	☒ Yes	☐ No
If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?	☐ Yes	☒ No
If you are due a refund, would you like information on how to split your refund between accounts?	☒ Yes	☐ No
If you have a balance due, would you like to make a payment directly from your bank account?	☐ Yes	☒ No

Additional comments:

STOP HERE!

Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

____
____
____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

____
____
____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

____
____
____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

____
____
____

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

____
____
____

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

____
____
____
____
____
____

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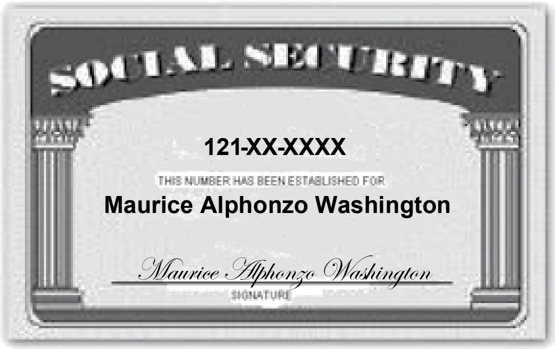

Maurice Washington
516 Fremont Rd.
Your City, State, and ZIP Code

1234
15-000000000

PAY TO THE
ORDER OF ______________________ $

______________________ DOLLARS

St, Louis National Bank
St. Louis, MO 63110

______________________ ______________________
For

|:062005690 |:00578965542 1234

Interview Notes – Washington

- Maurice is single and pays child support for his son Willie.
- Maurice's son, Willie, lives with his mother 10 months out of the year.
- Maurice elects to contribute to the Presidential Campaign Fund.
- Maurice did not itemize deductions last year.
- Maurice tells you that he attended a local computer technology seminar sponsored by an eligible educational institution, to keep up-to-date in his career, and that the cost was $2,000 for registration and required materials.
- If Maurice is due a refund, he wants his refund to be direct deposit. If he has a balance due he will mail a check in.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. HAMILTON SAVINGS & LOAN 3265 Marie Way Tampa, FL 33635	Payer's RTN (optional) 1 Interest income $ 286.10 2 Early withdrawal penalty $ 17.80	OMB No. 1545-0112 2011 Form 1099-INT	Interest Income
PAYER'S federal identification number 15-8XXXXXX	RECIPIENT'S identification number 121-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations $	**Copy B** **For Recipient** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name MAURICE WASHINGTON	4 Federal income tax withheld $	5 Investment expenses $	
Street address (including apt. no.) 516 Fremont Road	6 Foreign tax paid $	7 Foreign country or U.S. possession	
City, state, and ZIP code Your City, State, and ZIP Code	8 Tax-exempt interest $	9 Specified private activity bond interest $	
Account number (see instructions)	10 Tax-exempt bond CUSIP no. (see instructions)		

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

a Employee's social security number: 121-XX-XXXX

OMB No. 1545-0008

Safe, accurate, FAST! Use IRS e-file

Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN): 15-5XXXXXX	**1** Wages, tips, other compensation: $35,437.50
	2 Federal income tax withheld: $3,260.10
c Employer's name, address, and ZIP code: PAYTON TECHNOLOGY, 1134 Friendly Blvd., Tampa, FL 33635	**3** Social security wages: $37,496.10
	4 Social security tax withheld: $1,574.84
	5 Medicare wages and tips: $37,496.10
	6 Medicare tax withheld: $543.69
	7 Social security tips
	8 Allocated tips
d Control number	**9**
	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff.: MAURICE A. WASHINGTON, 516 Fremont Road, Your City, State and ZIP Code	**11** Nonqualified plans
	12a See instructions for box 12 — Code D: $2,058.60
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐
	12b Code
	14 Other
	12c Code
	12d Code
f Employee's address and ZIP code	

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
YS	59-4563210	$35,437.50	$752.00			

Form **W-2** **Wage and Tax Statement** **2011**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number: 121-XX-XXXX

OMB No. 1545-0008

Safe, accurate, FAST! Use IRS e-file

Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN): 15-7XXXXXX	**1** Wages, tips, other compensation: $10,360.90
	2 Federal income tax withheld: $1,210.00
c Employer's name, address, and ZIP code: JONES TECHNOLOGY, INC., 74 Lawrence Avenue, St. Petersburg, FL 33702	**3** Social security wages: $10,360.90
	4 Social security tax withheld: $435.16
	5 Medicare wages and tips: $10,360.90
	6 Medicare tax withheld: $150.23
	7 Social security tips
	8 Allocated tips
d Control number	**9**
	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff.: MAURICE A. WASHINGTON, 516 Fremont Road, Your City, State and ZIP Code	**11** Nonqualified plans
	12a See instructions for box 12 — Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐
	12b Code
	14 Other
	12c Code
	12d Code
f Employee's address and ZIP code	

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
YS	59-9871235	$10,360.90	$575.68			

Form **W-2** **Wage and Tax Statement** **2011**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Form **13614-C** (Rev. XX-XXXX) | Department of the Treasury – Internal Revenue Service | OMB # 1545-1964

Intake/Interview & Quality Review Sheet

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You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name: EARL | M. I.: W | Last Name: CARLTON | Are you a U.S. Citizen? ☒ Yes ☐ No
2. Spouse's First Name: | M. I.: | Last Name: | Is spouse a U.S. Citizen? ☐ Yes ☐ No
3. Mailing Address: 108 N. Sacramento Street | Apt#: | City: Your City | State: YS | Zip Code: Your ZIP Code
4. Contact Information
   Phone: 352-555-XXXX | Cell Phone: | E-mail:
5. Your Date of Birth: 08/25/1946 | 6. Your Job Title: Office Manager | Are you: 7. Legally Blind ☐ Yes ☒ No | 8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth: | 10. Spouse's Job Title: | Is Spouse: 11. Legally Blind ☐ Yes ☐ No | 12. Totally and Permanently Disabled ☐ Yes ☐ No
13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   ☐ Single
   ☒ Married: Did you live with your spouse during any part of the last six months of 2011? ☐ Yes ☒ No
   ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: __________________
   ☐ Widowed: Year of spouse's death: _________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)
Artis Murray	03/03/95	Nephew	10	Yes	S	Yes	Yes
Jarrell Carlton	09/09/87	Son	12	Yes	S	Yes	Yes

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Catalog Number 52121E | Form **13614-C** (Rev. xx-xxxx)
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Yes	No	Unsure	
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☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ______________________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☒ 401K ☐ Other
☒	☐	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
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☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ________________________
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☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☒ You ☐ Spouse

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
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Other than English what language is spoken in the home? NONE

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

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- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?	☐ Yes	☒ No
If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?	☐ Yes	☒ No
If you are due a refund, would you like information on how to split your refund between accounts?	☐ Yes	☒ No
If you have a balance due, would you like to make a payment directly from your bank account?	☐ Yes	☒ No

Additional comments:

STOP HERE!

Thank you for completing this form.
Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
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Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

Catalog Number 52121E   Form **13614-C** (Rev. xx-xxxx)

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Interview Notes – Carlton

- Earl is married to Pam Carlton (134-XX-XXXX). She left him 4 years ago and has not lived with him since. They file separate returns and neither itemizes deductions.
- Earl purchased a home on April 27, 2008 for $185,600; Earl received $7,500 FTHB Credit when he purchased his home. He did not have enough interest on his mortgage or taxes to itemize.
- Earl received a CP03A Letter from the IRS advising him to include the $500 annual payment on his 2011 tax return.
- Earl paid the total cost of maintaining a household for himself and his son Jarrell. When Earl's sister became ill last March, her son Artis moved in with him. Earl provided all support for Jarrell and over half the support for Artis.
- Jarrell is a junior, and a full-time student, at the local college. He received a $1,500 tax-free grant. In addition, Earl used his credit card to pay $7,050 for college expenses, consisting of:
    - $890 for a laptop computer (students were required to bring their own laptop for classes)
    - $5,100 for tuition
    - $1,060 for books purchased at an off-campus bookstore
- Earl wants to contribute to the Presidential Election Campaign Fund.
- If a refund is due, Earl wants a check mailed to his home. He will pay any tax due by check.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

	a Employee's social security number 131-XX-XXXX	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file — Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN) 16-6XXXXXX		**1** Wages, tips, other compensation $17,873.12	**2** Federal income tax withheld $1,721.78
c Employer's name, address, and ZIP code JOHNSON MANUFACTURING CO. 2300 E. Page St. Franklin, PA 16323		**3** Social security wages $19,373.12	**4** Social security tax withheld $813.67
		5 Medicare wages and tips $19,373.12	**6** Medicare tax withheld $280.91
		7 Social security tips	**8** Allocated tips
d Control number		**9**	**10** Dependent care benefits
e Employee's first name and initial — Last name — Suff. EARL W. CARLTON 108 N. Sacramento St. Your City, State and ZIP Code		**11** Nonqualified plans	**12a** See instructions for box 12 Code D — $1,500.00
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code
		14 Other	**12c** Code
f Employee's address and ZIP code			**12d** Code

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
YS	13-5321789	$17,873.12	$643.00			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. DAVIS INVESTMENT SERVICE 175 N. Tucker Blvd. Franklin, PA 16323		**1** Original issue discount for 2011* $ 738.00 **2** Other periodic interest $	OMB No. 1545-0117 **2011** Form **1099-OID**	**Original Issue Discount**
PAYER'S federal identification number 16-7XXXXXX	RECIPIENT'S identification number 131-XX-XXXX	**3** Early withdrawal penalty $	**4 Federal income tax withheld** $ 73.00	**Copy B** **For Recipient**
RECIPIENT'S name EARL W. CARLTON		**5** Description		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 108 N. Sacramento St.		**6** Original issue discount on U.S. Treasury obligations* $		
City, state, and ZIP code Your City, State, and ZIP Code		**7** Investment expenses $		
Account number (see instructions)		* This may not be the correct figure to report on your income tax return. See instructions on the back.		

Form **1099-OID** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. FIELDS INVESTMENT SERVICES 2121 Spruce St. Pittsburgh, PA 15219		**1a** Total ordinary dividends $ 285.69 **1b** Qualified dividends $ 235.69	OMB No. 1545-0110 **2011** Form **1099-DIV**	**Dividends and Distributions**
		2a Total capital gain distr. $	**2b** Unrecap. Sec. 1250 gain $	**Copy B** **For Recipient**
PAYER'S federal identification number 16-8XXXXXX	RECIPIENT'S identification number 131-XX-XXXX	**2c** Section 1202 gain $	**2d** Collectibles (28%) gain $	
RECIPIENT'S name EARL W. CARLTON		**3** Nondividend distributions $ 15.45	**4 Federal income tax withheld** $ **5** Investment expenses $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 108 N. Sacramento St.		**6** Foreign tax paid $ 5.69	**7** Foreign country or U.S. possession	
City, state, and ZIP code Your City, State and ZIP Code		**8** Cash liquidation distributions $	**9** Noncash liquidation distributions $	
Account number (see instructions)				

Form **1099-DIV** (keep for your records) Department of the Treasury - Internal Revenue Service

PAID BY OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT SERVICES PROGRAM
P.O. BOX 45
BOYERS,PA 16017-0045

STATEMENT OF ANNUITY PAID
Copy B - File with Federal tax return

2011

OMB No. 1545-0119
Form: 1099-R
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Form CSA 1099R (Rev. 1/2009)
This information is being furnished to the Department of Treasury - Internal Revenue Service

PAYER's Federal Identification: 16-5XXXXXX	Recipient's ID No. (Annuitant): 131-XX-XXXX	Account number (Retirement Claim No.): CSA 541207692

5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums:

7. Distribution Code(s): 7-NONDISABILITY

9b. Total Employee Contributions: $39,863.00

PAID TO
EARL W. CARLTON
108 N. Sacramento St.
Your City, State and Zip Code

1. Gross distribution	$16,864.00
2a. Taxable amount	$14,864.00
4. Federal Income Tax Withheld	$3,220.00
State 1 — 10. State Income Tax Withheld	NONE
State 2 — 10. State Income Tax Withheld	

To separate, tear on perforation

☐ CORRECTED

FILER'S name, street address, city, state, ZIP code, and telephone number: HARRIS COLLEGE OF MISSOURI, College Drive, St. Louis, MO 63103	1 Payments received for qualified tuition and related expenses: $ 6,600.00	OMB No. 1545-1574 — 2011 — Form 1098-T — Tuition Statement
	2 Amounts billed for qualified tuition and related expenses: $	
FILER'S federal identification no.: 16-9XXXXXX / STUDENT'S social security number: 132-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2011 ☐	Copy B For Student
STUDENT'S name: JARRELL CARLTON	4 Adjustments made for a prior year: $	5 Scholarships or grants: $ 1,500.00
Street address (including apt. no.): 108 N. Sacramento St.	6 Adjustments to scholarships or grants for a prior year: $	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2012 ► ☐
City, state, and ZIP code: Your City, State, and ZIP Code		
Service Provider/Acct. No. (see instr.) / 8 Checked if at least half-time student ☑	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund: $

This is important tax information and is being furnished to the Internal Revenue Service.

Form 1098-T (keep for your records) Department of the Treasury - Internal Revenue Service

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen?
HILDA	M	MOORE	☒ Yes ☐ No
2. Spouse's First Name	M. I.	Last Name	Is spouse a U.S. Citizen? ☐ Yes ☐ No

3. Mailing Address	Apt#	City	State	Zip Code
2621 Tudor Ave.		Your City	YS	Your ZIP Code

4. Contact Information
Phone: 352-111-XXXX Cell Phone: E-mail:

5. Your Date of Birth	6. Your Job Title	Are you: 7. Legally Blind ☐ Yes ☒ No
12/29/1960	Nurse	8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth	10. Spouse's Job Title	Is Spouse: 11. Legally Blind ☐ Yes ☐ No 12. Totally and Permanently Disabled ☐ Yes ☐ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☐ Single
   - ☐ Married: Did you live with your spouse during any part of the last six months of 2011? ☐ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ____________
   - ☒ Widowed: Year of spouse's death: 2009

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)
Deloris Moore	05/21/95	Daughter	12	Yes	S	Yes	Yes
Edna Moore	09/28/93	Daughter	12	Yes	S	Yes	Yes
Ronald Moore	05/15/88	Son	12	Yes	S	Yes	Yes

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
1

Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☐	☒	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☒	☐	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☒	☐	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☒	☐	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: Gambling (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☒ 401K ☐ Other
☒	☐	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☐	☒	☐	5. Medical expenses (including health insurance premiums)?
☐	☒	☐	6. Home mortgage interest? (Form 1098)
☐	☒	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☐	☒	☐	8. Charitable contributions?
☐	☒	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ____________
☐	☒	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? __________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☒	☐	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? ________
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse

Catalog Number 52121E

Form **13614-C** (Rev. xx-xxxx)

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Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? NONE

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit? ☐ Yes ☒ No

If you are due a refund, would you like information on how to purchase U.S. Savings Bonds? ☐ Yes ☒ No

If you are due a refund, would you like information on how to split your refund between accounts? ☐ Yes ☒ No

If you have a balance due, would you like to make a payment directly from your bank account? ☐ Yes ☒ No

Additional comments:

STOP HERE!

Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Catalog Number 52121E — Form **13614-C** (Rev. xx-xxxx)

3

Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

____

____

____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

____

____

____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

____

____

____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

____

____

____

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

____

____

____

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

____

____

____

____

____

____

Catalog Number 52121E

Form **13614-C** (Rev. xx-xxxx)

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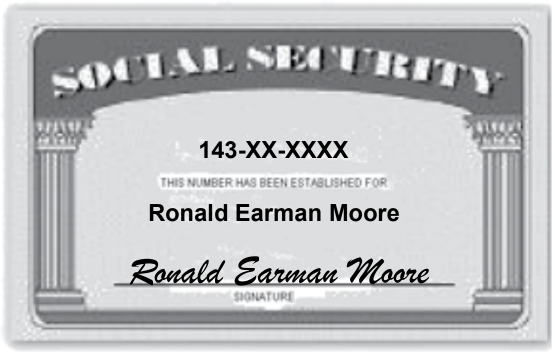

Interview Notes – Moore

- Hilda's husband, Sam, died in April 2009. He was a federal employee at the time of his death, and Hilda was able to start drawing his joint/survivor annuity in January, 2010.
- Hilda was unemployed for a few months last year.
- She is repaying a student loan and received a statement from the lending institution showing that she had paid $385.67 in interest last year.
- Hilda received $450 in federal/state tax-exempt interest from York Municipal Bonds.
- Hilda had gambling losses of $2,000.
- Ronald is a full-time student at the University of Florida. He started his third year last August. Ronald's grandmother made the payments for his tuition and fees directly to the university.
- Hilda does not want to contribute to the Presidential Election Campaign Fund.
- Any refund or payment will be handled by paper check.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

a Employee's social security number: 141-XX-XXXX	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN): 10-5XXXXXX		1 Wages, tips, other compensation: $35,965.04	2 Federal income tax withheld: $3,981.65
c Employer's name, address, and ZIP code: HAWTHORN GENERAL HOSPITAL, 1525 Vaughn Rd., Gainesville, FL 32603		3 Social security wages: $37,622.04	4 Social security tax withheld: $1,580.13
		5 Medicare wages and tips: $37,622.04	6 Medicare tax withheld: $542.52
		7 Social security tips	8 Allocated tips
d Control number		9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff.: HILDA MAE MOORE, 2621 Tudor Avenue, Your City, State and ZIP Code		11 Nonqualified plans	12a See instructions for box 12: Code D $1,657.00
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b
		14 Other	12c
f Employee's address and ZIP code			12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	59-882456	$35,965.04	$725.00			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.: A.BEAN BANK & TRUST, 704 NE State St., Gainesville, FL 32602		Payer's RTN (optional)	OMB No. 1545-0112	
		1 Interest income: $ 289.35	2011	**Interest Income**
		2 Early withdrawal penalty: $	Form **1099-INT**	
PAYER'S federal identification number: 10-6XXXXXX	RECIPIENT'S identification number: 141-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations: $		**Copy B** **For Recipient**
RECIPIENT'S name: HILDA MOORE		4 Federal income tax withheld: $	5 Investment expenses: $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.): 2621 Tudor Ave		6 Foreign tax paid: $	7 Foreign country or U.S. possession	
City, state, and ZIP code: Your City, State, and ZIP Code		8 Tax-exempt interest: $	9 Specified private activity bond interest: $	
Account number (see instructions)		10 Tax-exempt bond CUSIP no. (see instructions)		

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, federal identification number, and telephone number **HESSER CASINO** **233 Catawba Highway** **Reno, NV 89510** **Payer ID 10-7XXXXXX 775-555-XXXX**	1 Gross winnings $ **1,500.00**	2 Federal income tax withheld $	OMB No. 1545-0238 **2011** **Form W-2G** **Certain Gambling Winnings**
	3 Type of wager **SLOTS**	4 Date won 06/25/2011	
	5 Transaction	6 Race	
	7 Winnings from identical wagers	8 Cashier	
WINNER'S name, address (including apt. no.), and ZIP code **HILDA M. MOORE** **2621 Tudor Ave.** **Your City, State and Zip Code**	9 Winner's taxpayer identification no. 141-XX-XXXX	10 Window	This information is being furnished to the Internal Revenue Service.
	11 First I.D.	12 Second I.D.	
	13 State/Payer's state identification no.	14 State income tax withheld $	**Copy B** **Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.**

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► *Hilda M. Moore* **Date ►** 06/25/2011

Form **W-2G** Department of the Treasury - Internal Revenue Service

☐ CORRECTED

FILER'S name, street address, city, state, ZIP code, and telephone number UNIVERSITY OF COLUMBUS 677 D. Jones University Drive Columbus, OH 43216		1 Payments received for qualified tuition and related expenses $ 16,900.00 2 Amounts billed for qualified tuition and related expenses $	OMB No. 1545-1574 **2011** Form **1098-T**	**Tuition Statement**
FILER'S federal identification no. 10-8XXXXXX	STUDENT'S social security number 143-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2011 ☐		**Copy B** **For Student**
STUDENT'S name RONALD MOORE		4 Adjustments made for a prior year $	5 Scholarships or grants $ 10,000.00	This is important tax information and is being furnished to the Internal Revenue Service.
Street address (including apt. no.) 2621 Tudor Ave. City, state, and ZIP code Your City, State, and ZIP Code		6 Adjustments to scholarships or grants for a prior year $	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2012 ► ☐	
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student ☑	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund $	

Form **1098-T** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. EMPLOYMENT SECURITY COMMISSION P.O. Box 854 Gainesville, FL 32603	1 Unemployment compensation $ 1,753.52 2 State or local income tax refunds, credits, or offsets $	OMB No. 1545-0120 2011 Form 1099-G	**Certain Government Payments**
PAYER'S federal identification number: 10-9XXXXXX / RECIPIENT'S identification number: 141-XX-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld $ 98.00	**Copy B** **For Recipient** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name HILDA MOORE	5 ATAA/RTAA payments $	6 Taxable grants $	
Street address (including apt. no.) 2621 Tudor Ave.	7 Agriculture payments $	8 If checked, box 2 is trade or business income ► ☐	
City, state, and ZIP code Your City, State, and ZIP Code	9 Market gain $		
Account number (see instructions)	10a State / 10b State identification no.	11 State income tax withheld $	

Form **1099-G** (keep for your records) Department of the Treasury - Internal Revenue Service

PAID BY OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT SERVICES PROGRAM
P.O. BOX 45
BOYERS,PA 16017-0045

STATEMENT OF ANNUITY PAID
Copy B - File with Federal tax return

2011

OMB No. 1545-0119
Form: 1099-R
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Form CSA 1099R (Rev. 1/2009)
This information is being furnished to the Department of Treasury - Internal Revenue Service

PAYER's Federal Identification **16-5XXXXXX**	Recipient's ID No. (Annuitant) **141-XX-XXXX**	Account number (Retirement Claim No.) **CSA 29161713**	1. Gross distribution **$17,585.25**
5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums	PAID TO ➡ **HILDA MAE MOORE** **2621 Tudor Ave.** **Your City, State and Zip Code**		2a. Taxable amount **$16,570.00**
			4. Federal Income Tax Withheld **$2,250.00**
7. Distribution Code(s) **4-Death Benefits**		State 1	10. State Income Tax Withheld **NONE**
9b. Total Employee Contributions **$34,250.00**		State 2	10. State Income Tax Withheld

To separate, tear on perforation

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name	M. I.	Last Name	Are you a U.S. Citizen?
ANTHONY		WEBSTER	☒ Yes ☐ No
2. Spouse's First Name	M. I.	Last Name	Is spouse a U.S. Citizen?
COURTNEY	O	WEBSTER	☒ Yes ☐ No

3. Mailing Address	Apt#	City	State	Zip Code
919 N. Darron Ave.		Your City	YS	Your ZIP Code

4. Contact Information
Phone: 901-555-XXXX Cell Phone: E-mail:

5. Your Date of Birth	6. Your Job Title	Are you: 7. Legally Blind	☐ Yes ☒ No
12/20/1971	General Contractor	8. Totally and Permanently Disabled	☐ Yes ☒ No
9. Spouse's Date of Birth	10. Spouse's Job Title	Is Spouse: 11. Legally Blind	☐ Yes ☒ No
03/10/1967	Office Assistant	12. Totally and Permanently Disabled	☐ Yes ☒ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2011? ☐ Yes ☒ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ____________
   - ☐ Widowed: Year of spouse's death: _________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)
Nigel Webster	06/23/00	Son	12	Yes	S	Yes	Yes

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
1

Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☐	☒	☐	2. Tip Income?
☐	☒	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☒	☐	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☒	☐	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☐	☒	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☒	☐	☐	11. Unemployment Compensation? (Form 1099-G)
☐	☒	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☐	☒	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: ____________ (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☐	☒	☐	1. Alimony: If yes, do you have the recipient's SSN? ☐ Yes ☐ No
☐	☒	☐	2. Contributions to a retirement account? ☐ IRA ☐ Roth IRA ☐ 401K ☐ Other
☐	☒	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☒	☐	☐	5. Medical expenses (including health insurance premiums)?
☒	☐	☐	6. Home mortgage interest? (Form 1098)
☒	☐	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☒	☐	☐	8. Charitable contributions?
☒	☐	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ________
☒	☐	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ____________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☐	☒	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? ______
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☒ You ☒ Spouse

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2

Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? NONE

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit?	☒ Yes	☐ No
If you are due a refund, would you like information on how to purchase U.S. Savings Bonds?	☐ Yes	☒ No
If you are due a refund, would you like information on how to split your refund between accounts?	☒ Yes	☐ No
If you have a balance due, would you like to make a payment directly from your bank account?	☒ Yes	☐ No

Additional comments:

STOP HERE!

Thank you for completing this form.

Please give this form to the certified volunteer preparer for use in preparing your return.

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
3

Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

____
____
____

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

____
____
____

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

____
____
____

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

____
____
____

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

____
____
____

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

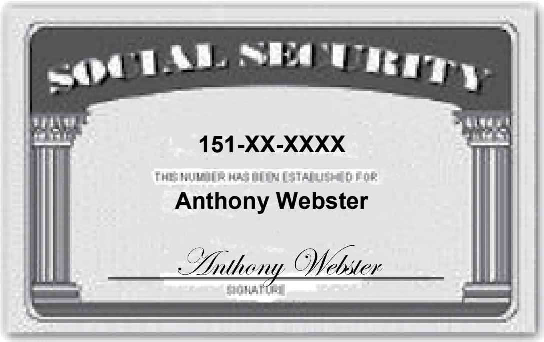
☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

____
____
____
____
____
____

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
4



Anthony Webster
Courtney Webster
919 N. Darron Ave.
Your City, State and ZIP Code

1234
15-000000000

PAY TO THE
ORDER OF ______________________________ $ ________

____ DOLLARS

YORK NATIONAL BANK
Rochester, NY 14603

For ____________________ ____________________

|:062005690 |:00578965542 1234

Interview Notes – Webster

- Anthony and Courtney married on January 1, 2012. Courtney has not filed a name change form with the Social Security Administration.
- If possible, they want to file a joint return.
- Anthony has a son, Nigel, from his previous marriage. Nigel lived with Anthony all last year. Anthony provided almost all of Nigel's support, but the divorce decree allows Nigel to be claimed as a dependent by his mother.
- In addition to her job as an office assistant, Courtney has a small home-based word processing business. Her gross income was $6,570. Her expense for materials was $878. She has written records for the 1,500 business miles (125 miles per month) and 8,000 other miles driven during the year. Her business takes up only a very small area of her home, and she uses her computer mainly for personal business. Courtney placed her car in service on February 4, 2009. Use business code 561410.
- A neighbor, Sheryl Hayden, cares for Nigel after school and Anthony paid her $1,500 for the year. Her SSN is 154-XX-XXXX. Her address is 628 N. Darron Ave., Your City, State and ZIP Code.
- Anthony and Courtney both want to contribute to the Presidential Election Campaign Fund.
- They would like to handle any refund or payment electronically.
- Anthony itemized deductions last year and received a state refund of $580. He filed as Head of Household and his itemized deductions totaled $12,800. The amount from last year's Schedule A, line 5a (income taxes) was $762, and line 5b (general sales tax) was $275. His taxable income was $6,767. Courtney did not itemize deductions last year.
- Anthony qualifies for the energy credit by installing several low energy windows. His receipt shows $1,587 for the cost of the windows. He has the proper documentation.
- Anthony previously received $200 Energy Credit for installing a storm door in 2009.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

a Employee's social security number	151-XX-XXXX
OMB No. 1545-0008	
Safe, accurate, FAST! Use e-file	Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN)	11-5XXXXX
c Employer's name, address, and ZIP code	AW CONTRACTING SERVICES 643 Sinclair St. Evansville, IN 47715
d Control number	
e Employee's first name and initial / Last name / Suff.	ANTHONY WEBSTER 919 N. Darron Ave. Your City, State and ZIP Code
f Employee's address and ZIP code	

1 Wages, tips, other compensation	$40,461.30
2 Federal income tax withheld	$4,235.50
3 Social security wages	$40,461.30
4 Social security tax withheld	$1,699.37
5 Medicare wages and tips	$40,461.30
6 Medicare tax withheld	$586.69
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12 (Code)	
12b (Code)	
12c (Code)	
12d (Code)	
13 Statutory employee ☐ / Retirement plan ☒ / Third-party sick pay ☐	
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	99-5678245	$40,461.30	$862.70			

Form **W-2 Wage and Tax Statement** **2011**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Employee's social security number	152-XX-XXXX
OMB No. 1545-0008	
Safe, accurate, FAST! Use e-file	Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN)	11-6XXXXXX
c Employer's name, address, and ZIP code	GDI TRADING COMPANY 12 Pembroke St. New Orleans, LA 70113
d Control number	
e Employee's first name and initial / Last name / Suff.	COURTNEY O. TAYLOR 2708 Marywood Dr. Your City, State and ZIP Code
f Employee's address and ZIP code	

1 Wages, tips, other compensation	$11,250.40
2 Federal income tax withheld	$1,987.05
3 Social security wages	$11,250.40
4 Social security tax withheld	$472.52
5 Medicare wages and tips	$11,250.40
6 Medicare tax withheld	$163.13
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12 (Code)	
12b (Code)	
12c (Code)	
12d (Code)	
13 Statutory employee ☐ / Retirement plan ☑ / Third-party sick pay ☐	
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	32-566X72	$11,250.40	$388.21			

Form **W-2 Wage and Tax Statement** **2011**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. HAMPTON FIRST NATIONAL BANK 200 N. Andrea Blvd. Evansville, IN 47715	Payer's RTN (optional) **1** Interest income $ 975.80 **2** Early withdrawal penalty $	OMB No. 1545-0112 **2011** Form **1099-INT**	**Interest Income**
PAYER'S federal identification number 11-7XXXXXX	RECIPIENT'S identification number 151-XX-XXXX	**3** Interest on U.S. Savings Bonds and Treas. obligations $	**Copy B** **For Recipient** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name ANTHONY WEBSTER		**4** Federal income tax withheld $ 95.80	**5** Investment expenses $
Street address (including apt. no.) 919 N. Darron Ave.		**6** Foreign tax paid $	**7** Foreign country or U.S. possession
City, state, and ZIP code Your City, State and ZIP Code		**8** Tax-exempt interest $	**9** Specified private activity bond interest $
Account number (see instructions)		**10** Tax-exempt bond CUSIP no. (see instructions)	

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. EMPLOYMENT SECURITY COMMISSION 529 Jerrell Dr. New Orleans, LA 70113	**1** Unemployment compensation $ 1,650.00 **2** State or local income tax refunds, credits, or offsets $	OMB No. 1545-0120 **2011** Form **1099-G**	**Certain Government Payments**
PAYER'S federal identification number 11-8XXXXXX	RECIPIENT'S identification number 152-XX-XXXX	**3** Box 2 amount is for tax year	**4** Federal income tax withheld $
RECIPIENT'S name COURTNEY O. TAYLOR		**5** ATAA/RTAA payments $	**6** Taxable grants $
Street address (including apt. no.) 2708 Marywood Dr.		**7** Agriculture payments $	**8** If checked, box 2 is trade or business income ► ☐
City, state, and ZIP code Your City, State and ZIP Code		**9** Market gain $	
Account number (see instructions)		**10a** State / **10b** State identification no.	**11** State income tax withheld $

Copy B
For Recipient
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-G** (keep for your records) Department of the Treasury - Internal Revenue Service

All of the following are unreimbursed expenses for Anthony Webster:

Medical insurance	$2,520
Medical travel (January–May)	600 miles
Dental bills	$375
Vitamins	$65
New glasses	$255
Prescription drugs	$635
Teeth whitening products	$110
Church donations paid by check	$1,950
Donation to the Presidential Election Campaign Fund	$1,800
Donation to the Salvation Army (check)	$400
Mortgage late payment charge	$95
Home mortgage interest	$3,500
Car loan interest	$1,430
City real estate tax	$650
County real estate tax	$1,765
Cash donation to United Way (no written documentation)	$75
Personal property taxes (value based)	$495
Traffic fine	$120
Gambling losses	$2,015
State Sales Tax (For a new car; Use Indiana as your State)	$865

Problem B – Graham Intake and Interview Sheet, page 1 of 4

Form **13614-C** (Rev. XX-XXXX)	Department of the Treasury – Internal Revenue Service **Intake/Interview & Quality Review Sheet**	**OMB # 1545-1964**

Section A. You should complete Pages 1-3
Thank you for allowing us to prepare your tax return. **You are responsible for the information on your return so please provide complete and accurate information to the certified tax preparer.** If you have any questions please ask your preparer.

You will need your:
- Tax information such as Forms W-2, 1099, 1098.
- Social security cards or ITIN letters for you and all persons on your tax return.
- Proof of Identity (such as a valid drivers license or other government issued picture ID).

Part I. Your Personal Information

1. Your First Name SEAN	M. I. S	Last Name GRAHAM	Are you a U.S. Citizen? ☒ Yes ☐ No
2. Spouse's First Name STACEY	M. I. A	Last Name GRAHAM	Is spouse a U.S. Citizen? ☒ Yes ☐ No

3. Mailing Address 2621 Washington Street	Apt#	City Your City	State YS	Zip Code Your ZIP Code

4. Contact Information
Phone: 336-111-XXXX Cell Phone: E-mail:

5. Your Date of Birth 09/08/1950	6. Your Job Title Tutor	Are you: 7. Legally Blind ☐ Yes ☒ No 8. Totally and Permanently Disabled ☐ Yes ☒ No
9. Spouse's Date of Birth 12/12/1957	10. Spouse's Job Title Teacher	Is Spouse: 11. Legally Blind ☐ Yes ☒ No 12. Totally and Permanently Disabled ☐ Yes ☒ No

13. Can anyone claim you or your spouse on their tax return? ☐ Yes ☒ No ☐ Unsure

Part II. Marital Status and Household Information

1. As of December 31, 2011, were you?
   - ☐ Single
   - ☒ Married: Did you live with your spouse during any part of the last six months of 2011? ☒ Yes ☐ No
   - ☐ Divorced or Legally Separated: Date of final decree or separate maintenance agreement: ________
   - ☐ Widowed: Year of spouse's death: ________

2. List names below of everyone who lived in your home in 2011 (other than you or spouse). Also list anyone who lived outside of your home that you supported during 2011. If additional space is needed please check here ☐ and list on page 3.

Name (first, last) Do not enter your name or spouse's name below. (a)	Date of Birth (mm/dd/yy) (b)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home in 2011 (d)	US Citizen or resident of the US, Canada or Mexico in 2011 (yes/no) (e)	Marital Status as of 12/31/11 (S/M) (f)	Full-time student in 2011 (yes/no) (g)	Received less than $3700 income in 2011 (yes/no) (h)
Joshua Graham	06/08/99	Son	12	Yes	S	Yes	Yes
Jeremy Graham	03/13/89	Son	12	Yes	S	Yes	Yes
Gail Forsyth	07/17/39	Mother	12	Yes	S	No	Yes

- **Volunteers assisting with preparing your return are trained to provide high quality service and uphold the highest ethical standards.**
- To report unethical behavior to IRS, **email us at wi.voltax@irs.gov** or call t**oll free 1-877-330-1205.**

To check the status of your REFUND visit "Where's My Refund?" on www.irs.gov or call 1-800-829-1954 for assistance.

Catalog Number 52121E Form **13614-C** (Rev. xx-xxxx)
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Section A. Please complete – check Yes, No or Unsure to all questions below. Please ask if you need help.

Part III. Income – In 2011, did you (or your spouse) receive:

Yes	No	Unsure	
☒	☐	☐	1. Wages or Salary? (Form W-2)
☒	☐	☐	2. Tip Income?
☒	☐	☐	3. Scholarships? (Forms W-2, 1098-T)
☒	☐	☐	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
☐	☒	☐	5. Refund of state/local income taxes? (Form 1099-G)
☐	☒	☐	6. Alimony Income?
☒	☐	☐	7. Self-Employment payments (such as cash received for services, small business)? (Form 1099-MISC)
☐	☒	☐	8. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
☐	☒	☐	9. Disability Income (such as payments from insurance or workers compensation)? (Forms 1099-R, W-2)
☒	☐	☐	10. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
☒	☐	☐	11. Unemployment Compensation? (Form 1099-G)
☒	☐	☐	12. Social Security or Railroad Retirement Benefits? (Form SSA-1099)
☐	☒	☐	13. Income (or loss) from Rental Property?
☒	☐	☐	14. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.) Specify: Gambling and Jury Duty (Forms W-2 G, 1099-MISC)

Part IV. Expenses – In 2011 Did you (or your spouse) pay:

Yes	No	Unsure	
☒	☐	☐	1. Alimony: If yes, do you have the recipient's SSN? ☒ Yes ☐ No
☒	☐	☐	2. Contributions to a retirement account? ☒ IRA ☐ Roth IRA ☒ 401K ☐ Other
☒	☐	☐	3. Educational expenses paid for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
☐	☒	☐	4. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)?
☒	☐	☐	5. Medical expenses (including health insurance premiums)?
☒	☐	☐	6. Home mortgage interest? (Form 1098)
☒	☐	☐	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
☒	☐	☐	8. Charitable contributions?
☒	☐	☐	9. Child/dependent care expenses, such as day-care?

Part V. Life Events – In 2011 Did you (or your spouse):

Yes	No	Unsure	
☐	☒	☐	1. Have a Health Savings Account? (Form 5498-SA)
☐	☒	☐	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
☐	☒	☐	3. Buy, sell or have a foreclosure of your home?
☐	☒	☐	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? ____________
☒	☐	☐	5. Purchase and install energy efficient home items (such as windows, furnace, insulation, etc.)?
☐	☒	☐	6. Live in an area that was affected by a natural disaster? If yes, where? ________________________
☐	☒	☐	7. Receive the First Time Homebuyers Credit in 2008?
☒	☐	☐	8. Pay any student loan interest? (Form 1098-E)
☐	☒	☐	9. Make estimated tax payments or apply last year's refund to your 2011 tax? If so how much? ________
☐	☒	☐	10. Attend school as a full time student? (Form 1098-T)
☐	☒	☐	11. Adopt a child?
☐	☒	☐	12. File a 2010 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?

Presidential Election Campaign Fund: (If you check a box, your tax or refund will not change.)
Check here if you, or your spouse if filing jointly, want $3 to go to this fund ☐ You ☐ Spouse

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Additional Information and Questions related to the preparation of your return

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

Other than English what language is spoken in the home? NONE

Are you or a member of your household considered disabled? ☐ **Yes** ☒ **No**

If you are due a refund or have a balance due:

- Ask your preparer about Direct Deposit. It is the fastest, easiest way to receive your tax refund. An e-filed return means a fast refund. Taxpayers who combine e-file and Direct Deposit can get their refunds in as few as 10 days.
- Ask your preparer about purchasing Series I U.S. Savings Bonds with part or all of your tax refund. Savings bonds are a safe and secure way to invest in the future. Purchase I Bonds for yourself or others in multiples of $50 and earn interest for up to 30 years.

If you are due a refund, would you like a direct deposit? ☒ Yes ☐ No

If you are due a refund, would you like information on how to purchase U.S. Savings Bonds? ☐ Yes ☒ No

If you are due a refund, would you like information on how to split your refund between accounts? ☒ Yes ☐ No

If you have a balance due, would you like to make a payment directly from your bank account? ☒ Yes ☐ No

Additional comments:

STOP HERE!

Thank you for completing this form.
Please give this form to the certified volunteer preparer for use in preparing your return.

Your Civil Rights are Protected: It is the Internal Revenue Service's mission to provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all. Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors, and/or subcontractors. NO ONE shall be excluded from participating in, be denied the benefits of, or be subject to discrimination because of race, color, sex, national origin, disability, reprisal, or age in programs or activities funded by the Department of Treasury – Internal Revenue Service. Any person who believes that he/she has been discriminated against on the basis of race, color, sex, national origin, disability, reprisal or age in programs or activities receiving financial assistance (e.g. Low-Income Tax Clinics, Tax Counseling for the Elderly) from the Department of Treasury IRS, may submit a written complaint to: National Headquarters;Office of Equity, Diversity & Inclusion; Internal Revenue Service; Attn: Director, Civil Rights Division (External Civil Rights Team); 1111 Constitution Ave., NW Room 2422; Washington, DC 20224.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

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Section B. For Certified Volunteer Preparer Completion

Remember: You are the link between the taxpayer's information and a correct tax return. Verify the taxpayer's information on pages 1, 2 & 3 is complete. All questions must be discussed with the taxpayer and all "Unsure" responses should be changed to "Yes" or "No".

Must be completed by Certified Volunteer only if persons are listed in Part II Question 2

Check if persons are listed in Part II Question 2 ☐

☐ Yes ☐ No 1. Can anyone else claim any of the persons listed in Part II, Question 2, as a dependent on their return? **If yes, which ones:**

☐ Yes ☐ No 2. Were any of the persons listed in Part II, Question 2, totally and permanently disabled? **If yes, which ones:**

☐ Yes ☐ No 3. Did any of the persons listed in Part II, Question 2 provide more than 50% of their own support? **If yes, which ones:**

☐ Yes ☐ No ☐ N/A 4. Did the taxpayer? provide more than half the support for each of the persons in Part II, Question 2? **If yes, which ones:**

☐ Yes ☐ No 5. Did the taxpayer? pay over half the cost of maintaining a home for any of the persons in Part II, Question 2? **If yes, which ones:**

Reminders

Use Publication 4012, *Volunteer Resource Guide* and Publication 17, *Your Federal Income Tax* in making tax law determinations.

Section C. For Certified Quality Reviewer Completion

Confirm each item after reviewing the tax return and verifying that it reflects correct tax law application to the information provided by the taxpayer.

1. **Sections A & B** of this form are complete.
2. **Taxpayer's identity, address** and **phone numbers** were verified.
3. **Names, SSN or ITINs, and dates of birth** of **taxpayer, spouse** and **dependents** match the supporting documents.
4. **Filing Status** is correctly determined.
5. **Personal** and **Dependency Exemptions** are entered correctly on the return.
6. All **information** shown on source documents and noted in Section A, Part III is included on the tax return.
7. Any **Adjustments to Income** are correctly reported.
8. **Standard, Additional** or **Itemized Deductions** are correct.
9. All c**redits** are correctly reported.
10. Withholding shown on Forms W-2, 1099 and **Estimated Tax Payments** are correctly reported.

☐ **All tax law issues above have been addressed and necessary changes have been made.**

☐ **If direct deposit or debit was elected, checking/saving account and routing information match the supporting documents.**

☐ **Correct SIDN and EFIN are shown on the return.**

Additional Tax Preparer Notes:

Catalog Number 52121E

Form **13614-C** (Rev. xx-xxxx)

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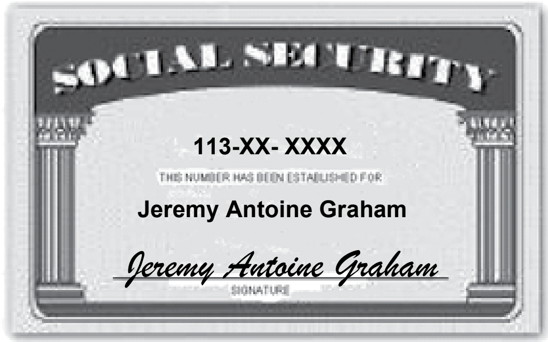

Sean S. Graham **3298**
Stacey A. Graham
2621 Washington Street
Your City, State, and ZIP Code

PAY TO THE
ORDER OF $

DOLLARS

GUILFORD NATIONAL BANK
New York, NY 10001

: 322070239 :0020204523456 3298

Interview Notes – Graham

- Neither Sean nor Stacey wish to contribute to the Presidential Election Campaign Fund.
- They want to file a joint return.
- Stacey is a ninth grade teacher. She also works part time as a waitress.
- Sean previously worked as a CIA Agent for 10 years. During his career as a CIA Agent he was not covered by social security. In June of 2009, Sean retired as a police officer. Sean is currently self-employed as a math and science tutor.
- Sean is an eligible retired public safety officer and has records showing he paid $3,700 directly from his retirement plan for health insurance.
- Sean is partially disabled.
- Stacey's mother, Gail Forsyth, lived with Sean and Stacey for the entire year. Gail's entire income consists of $2,500 earned as a teacher's aide, $360 in interest, and $4,200 in social security benefits. Sean and Stacey provided more than half of Gail's total support. She is a U.S. citizen, widowed.
- Their son, Jeremy, attends college. This year he is a junior.
- If Sean and Stacey are due a refund, they would like the refund deposited directly into their checking account. If they owe money, they want the amount paid by direct debit from their checking account.
- Sean previously received $200 Energy Credit for installing Solar Panels in 2010.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.

Line 7—Wages

a Employee's social security number	112-XX-XXXX
OMB No. 1545-0008	
Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)	21-0XXXXXX
c Employer's name, address, and ZIP code	KIRKWOOD SCHOOL DISTRICT 1212 Forest Ave Kirkwood, MO 63122
d Control number	
e Employee's first name and initial / Last name / Suff.	STACEY GRAHAM 2621 Washington Street Your City, State and ZIP Code
f Employee's address and ZIP code	
1 Wages, tips, other compensation	$33,500.00
2 Federal income tax withheld	$2,115.70
3 Social security wages	$34,800.00
4 Social security tax withheld	$1,461.60
5 Medicare wages and tips	$34,800.00
6 Medicare tax withheld	$504.60
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	$1,000.00
11 Nonqualified plans	
12a See instructions for box 12	Code D $1,300.00
12b	
12c	
12d	
13 Statutory employee / Retirement plan / Third-party sick pay	Retirement plan: X
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	11-1123456	$33,500.00	$881.15			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Note: Form 8880 will appear in the TaxWise® Forms Tree—do not complete.

Refund Monitor – Refund (Balance Due): $____

a Employee's social security number	112-XX-XXXX
OMB No. 1545-0008	
Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)	21-1XXXXXX
c Employer's name, address, and ZIP code	HAYDEN FAMILY RESTAURANT 1717 Homeside Drive Assaria, KS 67416
d Control number	
e Employee's first name and initial / Last name / Suff.	STACEY GRAHAM 2621 Washington Street Your City, State and ZIP Code
f Employee's address and ZIP code	
1 Wages, tips, other compensation	$4,522.33
2 Federal income tax withheld	$458.51
3 Social security wages	$3,425.33
4 Social security tax withheld	$143.86
5 Medicare wages and tips	$4,522.33
6 Medicare tax withheld	$65.57
7 Social security tips	$1,097.00
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
12b	
12c	
12d	
13 Statutory employee / Retirement plan / Third-party sick pay	
14 Other	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
YS	11-987265	$4,522.33	$175.10			

Form **W-2** **Wage and Tax Statement** 2011

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Refund Monitor – Refund (Balance Due): $____

Line 8—Interest

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. JACKSON FEDERAL CREDIT UNION 1078 Larry Street Hartford, CT 06101	Payer's RTN (optional) 1 Interest income $ 386.54 2 Early withdrawal penalty $ 64.48	OMB No. 1545-0112 2011 Form 1099-INT	**Interest Income**
PAYER'S federal identification number 21-2XXXXXX RECIPIENT'S identification number 111-XX-XXXX	3 Interest on U.S. Savings Bonds and Treas. obligations $		**Copy B** **For Recipient**
RECIPIENT'S name SEAN GRAHAM	4 Federal income tax withheld $ 82.55	5 Investment expenses $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 2621 Washington Street	6 Foreign tax paid $	7 Foreign country or U.S. possession	
City, state, and ZIP code Your City, State and ZIP Code	8 Tax-exempt interest $	9 Specified private activity bond interest $	
Account number (see instructions)	10 Tax-exempt bond CUSIP no. (see instructions)		

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

Refund Monitor – Refund (Balance Due): $_____

Line 9—Dividends

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. LAFAYETTE GLOBAL, INC 368 Brenda Lane Bangor, ME 04401	1a Total ordinary dividends $ 221.15 1b Qualified dividends $ 221.15	OMB No. 1545-0110 2011 Form 1099-DIV	**Dividends and Distributions**
	2a Total capital gain distr. $	2b Unrecap. Sec. 1250 gain $	**Copy B** **For Recipient**
PAYER'S federal identification number 21-3XXXXXX RECIPIENT'S identification number 111-XX-XXXX	2c Section 1202 gain $	2d Collectibles (28%) gain $	
RECIPIENT'S name SEAN GRAHAM	3 Nondividend distributions $	4 Federal income tax withheld $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		5 Investment expenses $	
Street address (including apt. no.) 2621 Washington Street	6 Foreign tax paid $	7 Foreign country or U.S. possession	
City, state, and ZIP code Your City, State and ZIP Code	8 Cash liquidation distributions $	9 Noncash liquidation distributions $	
Account number (see instructions)			

Form **1099-DIV** (keep for your records) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1a Total ordinary dividends	OMB No. 1545-0110	
DAMMON INDUSTRIES, INC 322 Rev Earl Mitchell Drive Atlanta, ME 04401		$ 546.87	2011	**Dividends and Distributions**
		1b Qualified dividends $	Form **1099-DIV**	
		2a Total capital gain distr. $	2b Unrecap. Sec. 1250 gain $	**Copy B** **For Recipient**
PAYER'S federal identification number 21-4XXXXXX	RECIPIENT'S identification number 112-XX-XXXX	2c Section 1202 gain $	2d Collectibles (28%) gain $	
RECIPIENT'S name STACEY GRAHAM		3 Nondividend distributions $	**4 Federal income tax withheld** $ 185.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
			5 Investment expenses $	
Street address (including apt. no.) 2621 Washington Street		6 Foreign tax paid $	7 Foreign country or U.S. possession	
City, state, and ZIP code Your City, State and ZIP Code		8 Cash liquidation distributions $	9 Noncash liquidation distributions $	
Account number (see instructions)				

Form **1099-DIV** (keep for your records) Department of the Treasury - Internal Revenue Service

Refund Monitor – Refund (Balance Due): $_____

Line 10—Taxable Refunds

Sean and Stacey did not itemized their taxes last year but received a refund from the state department of revenue in the amount of $540. They want to know if it is taxable.

Line 12—Business Income, Schedule C-EZ

Sean is self-employed as a math and science tutor in adjacent rural areas. He furnishes you with the following information, which is the income generated from his home, and his total expenses:

Gross income: $5,730 in cash was received from various sources.

Business expenses:

Advertising	$250
Supplies	$898
Agency fees	$75

Last year Sean drove his vehicle 12,119 miles for personal use and 210 miles each month for business. Sean placed this vehicle in service on June 1, 2008. The vehicle was available for personal use during off-duty hours. Sean and Stacey have another vehicle for personal use. All documentation is written.

Sean also works as an independent contractor for a tutoring service, and he furnishes you with Form 1099-MISC.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. FREEMAN EDUCATIONAL SERVICES 1717 Brandon Place Concord, NH 03301	1 Rents $ 2 Royalties $ 3 Other income $	OMB No. 1545-0115 2011 Form 1099-MISC 4 Federal income tax withheld $	Miscellaneous Income Copy B For Recipient
PAYER'S federal identification number: 20-0XXXXXX RECIPIENT'S identification number: 111-XX-XXXX	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name SEAN GRAHAM	7 Nonemployee compensation $ 1,675.00	8 Substitute payments in lieu of dividends or interest $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 2621 Washington St.	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
City, state, and ZIP code Your City, State and ZIP Code	11	12	
Account number (see instructions)	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ / 15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form 1099-MISC (keep for your records) Department of the Treasury - Internal Revenue Service

Sean uses the business code 611000 on his Schedule C-EZ.

Refund Monitor – Refund (Balance Due): $_____

Line 16—Pensions and Annuities

Stacey took out $11,000 with the intention of purchasing a new car. Subsequently she decided not to purchase the car, so she rolled the $11,000 back into Murray Investments. Stacey did the rollover in a timely matter.

☐ CORRECTED (if checked)

Form 1099-R — 2011 — Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. (OMB No. 1545-0119) — **Copy B** Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.

PAYER'S name, street address, city, state, and ZIP code	MURRAY INVESTMENTS 145 Brianna Way Providence, RI 02904
1 Gross distribution	$ 11,000.00
2a Taxable amount	$ 11,000.00
2b Taxable amount not determined	☑
Total distribution	☑
PAYER'S federal identification number	20-1XXXXXX
RECIPIENT'S identification number	112-XX-XXXX
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$
RECIPIENT'S name	STACEY GRAHAM
5 Employee contributions /Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
Street address (including apt. no.)	2621 Washington Street
7 Distribution code(s)	1
IRA/SEP/SIMPLE	☑
8 Other	$ %
City, state, and ZIP code	Your City, State and ZIP Code
9a Your percentage of total distribution	%
9b Total employee contributions	$
10 Amount allocable to IRR within 5 years	$
11 1st year of desig. Roth contrib.	
12 State tax withheld	$ / $
13 State/Payer's state no.	
14 State distribution	$ / $
Account number (see instructions)	
15 Local tax withheld	$ / $
16 Name of locality	
17 Local distribution	$ / $

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

Form 1099-R — 2011 — Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. (OMB No. 1545-0119) — **Copy B** Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.

PAYER'S name, street address, city, state, and ZIP code	BUTLER POLICE DEPARTMENT 908 Polk Parkway NE Columbus, OH 43216
1 Gross distribution	$ 11,550.00
2a Taxable amount	$ 8,000.00
2b Taxable amount not determined	☐
Total distribution	☐
PAYER'S federal identification number	20-2XXXXXX
RECIPIENT'S identification number	111-XX-XXXX
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 850.00
RECIPIENT'S name	SEAN GRAHAM
5 Employee contributions /Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
Street address (including apt. no.)	2621 Washington Street
7 Distribution code(s)	7
IRA/SEP/SIMPLE	☐
8 Other	$ %
City, state, and ZIP code	Your City, State and ZIP Code
9a Your percentage of total distribution	%
9b Total employee contributions	$ 62,384.00
10 Amount allocable to IRR within 5 years	$
11 1st year of desig. Roth contrib.	
12 State tax withheld	$ / $
13 State/Payer's state no.	
14 State distribution	$ / $
Account number (see instructions)	
15 Local tax withheld	$ / $
16 Name of locality	
17 Local distribution	$ / $

Form **1099-R** Department of the Treasury - Internal Revenue Service

Refund Monitor – Refund (Balance Due): $____

Prior to working for the police department, Sean worked as an CIA agent for 10 years. Before leaving the CIA he was considered a vested employee. Sean provides you with the following statement:

PAID BY OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT SERVICES PROGRAM
P.O. BOX 45
BOYERS,PA 16017-0045

STATEMENT OF ANNUITY PAID
Copy B - File with Federal tax return

2011

OMB No. 1545-0119
Form: 1099-R
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Form CSA 1099R (Rev. 1/2009)
This information is being furnished to the Department of Treasury - Internal Revenue Service

PAYER's Federal Identification	Recipient's ID No. (Annuitant)	Account number (Retirement Claim No.)
16-5XXXXXX	111-XX-XXXX	CSA A2544112

5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums: $383.00

7. Distribution Code(s): 7-NONDISABILITY

9b. Total Employee Contributions: $16,584.00

PAID TO
SEAN STEVEN GRAHAM
2621 Washington St.
Your City, State and ZIP Code

1. Gross distribution: $4,420.00

2a. Taxable amount: $3,420.00

4. Federal Income Tax Withheld: $420.00

State 1 — 10. State Income Tax Withheld: NONE

State 2 — 10. State Income Tax Withheld:

To separate, tear on perforation

Line 19—Unemployment Compensation

In June, Stacey was laid off from her job at the restaurant and she received unemployment for about six months. Stacey provides you with the following statement:

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. EMPLOYMENT SECURITY COMMISSION 10 Warren Avenue Greensboro, NC 27401	1 Unemployment compensation $ 4,560.00 2 State or local income tax refunds, credits, or offsets $	OMB No. 1545-0120 2011 Form 1099-G	**Certain Government Payments**
PAYER'S federal identification number 20-3XXXXXX RECIPIENT'S identification number 112-XX-XXXX	3 Box 2 amount is for tax year	4 Federal income tax withheld $ 458.00	**Copy B** **For Recipient**
RECIPIENT'S name STACEY GRAHAM	5 ATAA/RTAA payments $	6 Taxable grants $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 2621 Washington St.	7 Agriculture payments $	8 If checked, box 2 is trade or business income ► ☐	
City, state, and ZIP code Your City, State and ZIP Code	9 Market gain $		
Account number (see instructions)	10a State / 10b State identification no.	11 State income tax withheld $	

Form 1099-G (keep for your records) Department of the Treasury - Internal Revenue Service

Refund Monitor – Refund (Balance Due): $_____

Line 20a—Social Security Benefits

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2011
- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
SEAN S. GRAHAM	111-XX-XXXX

Box 3. Benefits Paid in 2011	Box 4. Benefits Repaid to SSA in 2011	Box 5. Net Benefits for 2011 *(Box 3 minus Box 4)*
$12,900.00		$12,900.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit:

$12,900.00

Total Additions: $12,900.00

Benefits for 2011: $12,900.00

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withholding

Box 7. Address

SEAN S. GRAHAM
2621 Washington Street
Your City, State and ZIP Code

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form **SSA-1099-SM** (1-2011) **DO NOT RETURN THIS FORM TO SSA OR IRS**

Refund Monitor – Refund (Balance Due): $____

Line 21—Other Income

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP code, federal identification number, and telephone number	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
HANOVER CASINO **1024 Big Bend Blvd.** **Detroit, MI 48233** **20-4XXXXXX** **336-555-XXXX**	$ **660.00**	$ 65.00	**2011** **Form W-2G** **Certain Gambling Winnings**
	3 Type of wager: **Poker**	4 Date won: 05/15/2011	
	5 Transaction	6 Race	
	7 Winnings from identical wagers	8 Cashier	
WINNER'S name, address (including apt. no.), and ZIP code	9 Winner's taxpayer identification no.: 112-XX-XXXX	10 Window	This information is being furnished to the Internal Revenue Service.
STACEY GRAHAM **2621 Washington St.** Your City, State and ZIP Code	11 First I.D.	12 Second I.D.	
	13 State/Payer's state identification no.	14 State income tax withheld $	**Copy B** **Report this income on your federal tax return. If this form shows federal income tax withheld in box 2, attach this copy to your return.**

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ▶ *Stacey Graham* **Date ▶** 05/15/2011

Form **W-2G** Department of the Treasury - Internal Revenue Service

Stacey had $2,300 in gambling losses.

Line 23—Educator Expenses

Stacey had Educator Expenses totaling $420 for supplies she purchased. Stacey has all receipts.

Line 27—Deductible portion of Self-Employment Tax

If you are using TaxWise®, the adjustment for the deductible part of the self-employment tax will calculate automatically.

Line 30—Penalty on Early Withdrawal of Savings Adjustment

Sean received a Form 1099-INT with a penalty amount charged to him. This amount is deductible as an adjustment.

Line 31—Alimony Paid Adjustment

Sean paid his ex-wife, Elaine, $250 each month in alimony. Elaine's SSN is 116-XX-XXXX.

Refund Monitor – Refund (Balance Due): $_____

Line 32—IRA Deduction

Sean contributed $3,200 to a traditional IRA. Stacey, in addition to the voluntary contributions made to her employer's qualified plan, contributed $1,600 to a traditional IRA.

Line 33—Student Loan Interest Deduction

Stacey paid $925 in interest on student loans for her Master of Science Degree in Elementary Education.

Refund Monitor – Refund (Balance Due): $_____

Line 35—Jury Duty Adjustment

Stacey was a federal juror for two weeks during March (10 weekdays). While serving jury duty, she received $50 per day for her services.

Stacey's employer continued to pay her salary for the first week of her jury duty on the condition that any pay received during those 5 weekdays be surrendered to the employer.

Refund Monitor – Refund (Balance Due): $_____

Line 40—Itemized Deductions, Schedule A

Sean and Stacey would like to itemize their deductions this year. In addition, they provide you with the following receipts. Complete Schedule A.

Medical insurance premiums (paid by Stacey)	$3,520
Hospital bills (unreimbursed)	$315
Doctor bills (unreimbursed)	$540
Dentist bills (reimbursed by insurance)	$1,200
Antihistamine (over the counter)	$190
Prescription drugs for Gail, paid by Stacey (unreimbursed)	$650
Life insurance premiums	$385
Insulin (unreimbursed)	$250
Vitamins (over the counter)	$75
Federal income tax	$4,252
Personal property tax (value based)	$565
Real estate tax	$1,300
Taxes paid on utility bills	$753
Mortgage interest	$5,656
Credit card interest	$900
Personal loan interest	$319
Church contributions paid by check	$4,250
Chamber of Commerce contributions	$225
Homeowner’s association contributions	$600
Raffle tickets at church	$50
Union dues	$875
Safety deposit box (for investments)	$150

Refund Monitor – Refund (Balance Due): $_____

Line 48—Credit for Child and Dependent Care Expenses, Form 2441

Sean and Stacey paid $3,200 to Crossroads Child Care Center for after-school care for Joshua. The center’s address is 1648 Baylor Avenue, your City, State, and ZIP. The employer identification number (EIN) for Crossroads Child Care Center is 20-5XXXXXX.

Line 49—Education Credit, Form 8863

Gail paid $800 for a college course to improve her classroom management skills. Sean and Stacey ask if the $800 is deductible on their tax return.

Jeremy Graham is a junior in college. The 1098T shown was issued by his college. The Grahams paid $6,605 to the institution by check. Complete Form 8863.

Check Tuition and Fees Deduction to determine which would more beneficial to the Graham’s.

Refund Monitor – Refund (Balance Due): $_____

☐ CORRECTED

FILER'S name, street address, city, state, ZIP code, and telephone number CLARK UNIVERSITY 319 Doane Dr. Memphis, TN 38101	1 Payments received for qualified tuition and related expenses $ 10,600.00 2 Amounts billed for qualified tuition and related expenses $	OMB No. 1545-1574 2011 Form 1098-T	**Tuition Statement**
FILER'S federal identification no. 20-6XXXXXX STUDENT'S social security number 113-XX-XXXX	3 If this box is checked, your educational institution has changed its reporting method for 2011 ☐		**Copy B** **For Student**
STUDENT'S name JEREMY GRAHAM	4 Adjustments made for a prior year $	5 Scholarships or grants $ 4,550.00	This is important tax information and is being furnished to the Internal Revenue Service.
Street address (including apt. no.) 2621 Washington St. City, state, and ZIP code Your City, State and ZIP Code	6 Adjustments to scholarships or grants for a prior year $	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2012 ► ☐	
Service Provider/Acct. No. (see instr.) 8 Checked if at least half-time student ☑	9 Checked if a graduate student ☐	10 Ins. contract reimb./refund $	

Form **1098-T** (keep for your records) Department of the Treasury - Internal Revenue Service

Line 50—Retirement Savings Contribution Credit

Stacey made voluntary contributions to her employer's qualified plan, as shown on her Form W-2. In addition, they made contributions to a traditional IRA. Complete Form 8880.

Line 51—Child Tax Credit

If using TaxWise®, this line will calculate automatically.

Line 52— Residential Energy Credit, Form 5695

Sean and Stacey installed an energy efficient hot water heater. The energy efficient hot water only heats the water as needed. The heater was certified for performance by the CEE. The cost of the heater was $2,000 and the labor cost to install the heater was $875 which includes on-site installation preparation cost of $300.

Line 56—Self-Employment Tax, Schedule SE

TaxWise® will automatically calculate and complete Schedule SE because Jeremy had net self-employment income of more than $400.

Line 57—Unreported Social Security and Medicare tax, Form 4137

Stacey kept a daily tip record and reported her tips to her employer as required. She was not required to report her tips for March, April, May, October, and November because she received less than $20 per month. Her total unreported tip income was $91. Open Form 4137, *Social Security Tax on Unreported Tip Income (Spouse)*, and enter the $91 unreported income on line 4. The $91 must also be entered on line 5 because the amount is not subject to Social Security or Medicare taxes since the amount was less than $20 in a calendar month.

Line 64a—Earned Income Credit

Sean and Stacey want to know if they qualify for Earned Income Credit (EIC) this year. Complete the questions on Schedule EIC, then answer any questions on the EIC worksheet, if necessary.

Line 65—Additional Child Tax Credit, Form 8812

When the taxpayer does not qualify for the full amount of the Child Tax Credit, TaxWise® will calculate the Additional Child Tax Credit on Form 8812.

Line 66—Refundable American Opportunity Credit

Sean and Stacey wants to know if they will qualify for the refundable portion of the American Opportunity Credit. Verify the taxpayer data is entered correctly on Form 8863.

Line 74—Amount You Want Refunded to You

Sean and Stacey would like their refund direct deposited into their checking account.

Refund Monitor – Refund (Balance Due): $____

Finishing the Return

Sean and Stacey authorized the use of the Practitioner PIN to sign their return. They signed Form 8879, giving the volunteer tax preparer permission to enter the PINs for them.

Check the return to see if there is any tax credit showing on Line 52. If there isn't, delete Form 5695 to avoid a rejected return.

Note: Before completing Section B of Form 13614-C, go over Parts I-V with the taxpayer. Be sure to note anything on the intake sheet that changes as a result of this interview.

In addition, to ensure the accuracy of the taxpayer's return, the certified volunteer should complete Section C of the Form 13614-C prior to obtaining the taxpayer's signature.